DESIGNATED BENEFICIARY AGREEMENT

Warning: while this document may indicate your wishes, certain additional documents may be needed to protect these rights.

This designated beneficiary agreement is operative in the absence of other estate planning documents and will be superseded and set aside to the extent it conflicts with valid instruments such as a will, power of attorney, or beneficiary designation on an insurance policy or pension plan. This designated beneficiary agreement is superseded by such other documents and does not cause any changes to be made to those documents or designations.

The parties understand that executing and signing this agreement is not sufficient to designate the other party for purposes of any insurance policy, pension plan, payable upon death designation or manner in which title to property is held and that additional action will be required to make or change such designations.

The parties understand that this designated beneficiary agreement may be one component of estate planning instructions and that they are encouraged to consult an attorney to ensure their estate planning wishes are accomplished.

We, _____, who resides at _____, referred to as Party A,
(full name) *(Street Address, City, State, Zip)*

And _____, who resides at _____, referred to as Party B,
(full name) *(Street Address, City, State, Zip)*

hereby designate each other as the other's Designated Beneficiary with the following rights and protections, granted or withheld as indicated by our initials:

To grant one or more of the rights or protections specified in this form, initial the line to the left of each right or protection you are granting. To withhold a right or protection, initial the line to the right of each right or protection you are withholding.

To grant a right or protection, initial:			To withhold a right or protection: initial:	
Party A	Party B		Party A	Party B
_____	_____	The right to acquire, hold title to, own jointly or transfer inter vivos or at death real or personal property as a joint tenant with me with right of survivorship or as a tenant in common with me;	_____	_____
_____	_____	The right to be designated by me as a beneficiary, payee, or owner as a trustee named in an inter vivos or testamentary trust for the purposes of a nonprobate transfer on death;	_____	_____
_____	_____	The right to be designated by me as a beneficiary and recognized as a dependent in an insurance policy for life insurance;	_____	_____
_____	_____	The right to be designated by me as a beneficiary and recognized as a dependent in a health insurance policy if my employer elects to provide health insurance coverage for designated beneficiaries;	_____	_____
_____	_____	The right to be designated by me as a beneficiary in a retirement or pension plan;	_____	_____
_____	_____	The right to petition for an have priority for appointment as a conservator, guardian, or personal representative for me;	_____	_____
_____	_____	The right to visit me in a hospital, nursing home, hospice, or similar health care facility in which a party to a designated beneficiary agreement residents or is receiving care;	_____	_____

To grant one or more of the rights or protections specified in this form, initial the line to the left of each right or protection you are granting. To withhold a right or protection, initial the line to the right of each right or protection you are withholding.

To grant a right or protection, initial:			To withhold a right or protection: initial:	
Party A	Party B		Party A	Party B
_____	_____	The right to initiate a formal complaint regarding alleged violations of my rights as a nursing home patient as provided in section 25-1-120, Colorado Revised Statutes;	_____	_____
_____	_____	The right to act as a proxy decision-maker or surrogate decision-maker to make medical care decisions for me pursuant to section 15-18.5-103 or 15-18.5-104, Colorado Revised Statutes;	_____	_____
_____	_____	The right to notice of the withholding or withdrawal of life-sustaining procedures for me pursuant to section 15-18-107, Colorado Revised Statutes;	_____	_____
_____	_____	The right to challenge the validity of a declaration as to medical or surgical treatment of me pursuant to section 15-18-107, Colorado Revised Statutes;	_____	_____
_____	_____	The right to act as my agent to make, revoke, or object to anatomical gifts involving my person pursuant to the "Revised Uniform Anatomical Gift Act", part 1 of article 34 of title 12, Colorado Revised Statutes;	_____	_____
_____	_____	The right to inherit real or personal property from me through intestate succession;	_____	_____
_____	_____	The right to have standing to receive benefits pursuant to the "Workers' Compensation Act of Colorado", article 40 of title 8, Colorado Revised Statutes, in the event of my death on the job;	_____	_____
_____	_____	The right to have standing to sue for wrongful death in the event of my death; and	_____	_____
_____	_____	The right to direct the disposition of my least remains pursuant to article 19 of title 15, Colorado Revised Statutes.	_____	_____

This, Designated Beneficiary Agreement is effective when received for recording by the county clerk and recorder of the county in which one of the designated beneficiaries resides. This Designated Beneficiary Agreement will continue in effect until one of the designated beneficiaries revokes this agreement by recording a Revocation of Designated Beneficiary form with the county clerk and recorder of the county in which this agreement was recorded or until this agreement is superseded in part or in whole by a superseding legal document.

_____
Signature of Designated Beneficiary, Party A

_____
Signature of Designated Beneficiary, Party B

_____
Date

_____
Date

State of Colorado
County of _____

This document was subscribed, sworn to, and acknowledged

before me on _____ [SEAL]

My Commission expires _____

_____
Signature of Notary Public

APPLICANT: COMPLETE THIS BOX AT TIME OF ACTUAL SUBMITTAL TO COUNTY CLERK. (Leave box blank of submitting form by mail).

This Designated Beneficiary form is effective on the date it is received by the County Clerk and Recorder for recording. This form was received by the County Clerk and Recorder on _____ at _____o'clock.